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APPLICANTS

David P. Gallo SR., New Hartford, NY;

** CONTINUING DATA ***** *RR*
 This application is a DIV of 09/390,087 09/03/1999 PAT 6,419,675

** FOREIGN APPLICATIONS ***** *Now, R.R.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>R. Gallo</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Electrosurgical coagulating and cutting instrument

FILING FEE RECEIVED 826	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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